

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

09/555013
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51								
2		1		1			52								
3		1		1			53								
4		1		1			54								
5		4		1			55								
6		1		1			56								
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44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1		1				TOTAL IND.								
TOTAL DEP.	9		6				TOTAL DEP.								
TOTAL CLAIMS	10		7				TOTAL CLAIMS								